

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01576 139

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1/19/46  
 Hospital, institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 1/19/46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 Maryland  
 State..... County.....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 5415 Omaha Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

William C. Bond

## 3. (b) Social Security Number

213-16-9663

4. Sex Male  
 5. Color or race White  
 6.(a) Single, married, widowed, or divorced Separated  
 6.(b) Name of husband or wife.....  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) August 15, 1882

8. AGE: Years 63 Months 5 Days 25 If less than one day  
 .....hrs. ....min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name William Bond

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden name Elizabeth Greenewald

15. Birthplace Baltimore, Maryland

16. Informant Harry P. Bond (Son)

Address 5415 Omaha Ave., Bal to., Md.

17. Burial Date thereof 2/13/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Mt. Carmel

Location Baltimore, Md.

18. Funeral director M.L.Creager & Son

Address Thumont, Maryland

19. 2/8/46 19.....  
 (Date rec'd by Registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1946 at 6:55P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 1946 to Feb. 9 1946 and that I last saw him alive on February 9 1946

Immediate cause of death Carcinoma of Right Lung

Letter from Dr. Lyon filed Apr. 15

Due to Glol, dated 2-12-46: "Cause of death

Wm. C. Bond derived from gross exam. of lung

Due to at autopsy. In event... disproped

we will send you note to this effect. -

Other conditions Dr. I.B. Lyon, State San. 2-12-46."

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lyon M. D. XXXXX

Address State Sanatorium, Md. Date signed 2/11/46

RECEIVED  
FEB 12 1946  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

## CERTIFICATE OF DEATH

01577

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Dead upon arrival  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 1

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Frederick  
 City or town near Liberty town  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Frederick P.O. I  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## (a) FULL NAME

John Mc Kinney Bruckey

## 3. (b) Social Security Number

Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Betty Glary

6.(c) If alive, give age 19 years

7. Birth date of Apr. 30, 1924

8. AGE: Years 21 Months 9 Days 7 If less than one day

9. Birthplace Frederick Co. Md.

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Chas. E. Bruckey

13. Birthplace Frederick Co. Md.

14. Maiden name CARRIE M. McKINNEY

15. Birthplace Frederick Co. Md.

16. Informant Chas. E. Bruckey

Address Frederick P.O.

17. Burial Date thereof Feb. 12, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Beaver dam

Location near Iphaville Md.

18. Funeral director Howell & Hartzler

Address Woodsboro Md.

19. 11-Feb 19 46

(Date rec'd by registrar) Registrar Elizabeth G. Hark

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 19 46, at 8:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on Feb 9 19 46

Immediate cause of death Fracture of skull

causing wound to face

street, near highway

Due to head

Due to head

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-9-46

Where did injury occur? Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) N. Tackett & Sons

Means of injury auto Injured at work? no

23. SIGNATURE R. W. Baer

Address Frederick, Md. Date signed 2-11-46

RECEIVED  
FEB 14 1946  
BUREAU V. E.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

## CERTIFICATE OF DEATH

01578

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

County Fredricks  
 City or town Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 18 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
 State Maryland County Fredrick  
 City or town Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Mrs. Minnie Florence Brunner

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Urias E. Brunner

7. Birth date of deceased (mo., day, yr.) Nov. 2 - 1872 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 73 Months 3 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Myersville, Frederick County, Md.  
 (Town, county, and state)

10. Usual occupation Homemaker

11. Industry or business

12. Name Rilas Swape

13. Birthplace Carneysville Md Va

14. Maiden name Anna E Brunner

15. Birthplace Myersville Md

16. Informant Willie B. Brunner

Address Myersville Md.

17. (Burial, cremation, or removal. Which) Burial Date thereof Feb. 28 - 1946  
 (month) (day) (year)

Cemetery or crematory U. B. Cemetery

Location Myersville, Md.

18. Funeral director G. L. B. Co.

Address Middletown, Md.

19. Feb. 28 19 46 Edgar Bitts  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 19 46 at 12:30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19 45 to Feb 19 46

and that I last saw him alive on Feb. 24 19 46

Immediate cause of death Hypertension  
pneumonia - Bronchial DURATION 4 Days

Due to Heart Disease (Atherosclerosis) 5 Days

Due to myocarditis ?

Other conditions Old scurvy on car  
cancer of rt. breast 12 years

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. V. Stator M.D.

Address Myersville Md. Date signed Feb. 28/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 28 1946  
BUREAU OF



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1807)

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

01579

1. PLACE OF DEATH:  
County Frederick  
City or town Thurmont.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 20 years  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. W. Main St.,  
(If rural, give LOCATION)  
no  
2.(a) If veteran, name war .....

3. (a) FULL NAME  
Ada Cora Buhrman

3. (b) Social Security Number  
None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband or wife <u>Albert L. Buhrman</u>			
8. (c) If alive, give age ..... years			
7. Birth date of deceased (mo., day, yr.) <u>May 19, 1869</u>			
8. AGE: Years <u>76</u>	Months <u>7</u>	Days <u>II</u>	It less than one day ..... hrs. .... min.

9. Birthplace Foxville, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Silas Buhrman.

13. Birthplace Foxville, Md.

MOTHER 14. Maiden name Leah Ann Buhrman.

15. Birthplace Foxville, Md.

16. Informant Mrs. Helen Hobbs.

Address Thurmont, Md.

17. Burial Date thereof Feb. 6, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United Brethern

Location Thurmont, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Feb. 5- 1946 Blanchard E. Ely  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1946 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov. 15 1944, to Feb 4 1946  
and that I last saw her alive on Feb. 3 1946

Immediate cause of death

Chronic enterocolitis

DURATION

2 years

Cue to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE James T. Gray M.D.

Address Thurmont, Md. Date signed 2/5/46

CERTIFICATE OF DEATH

RECEIVED

FEB 7 1946

BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 469

01580

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rocky Ridge - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Loys Station  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

EFFIE WILLIAMS DAVIS BURDETTE

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) <del>Single</del> , married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Luther M. Burdette6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) June 2, 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>7</u>	.....hrs. ....min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)10. Usual occupation House-Wife

## 11. Industry or business

12. Name R. Plummer Davis13. Birthplace Frederick County Maryland14. Maiden name Jennie Williams15. Birthplace Frederick County Maryland16. Informant Mr. Luther M. BurdetteAddress Rocky Ridge, Maryland-Rural17. Burial  
(Burial, exsation, or removal. Which?) Date thereof 2/12/46  
(month) (day) (year)Cemetery or ~~cemetery~~ Bethesda Methodist CemeteryLocation Browningsville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 Feb 19 46 Elizabeth G. Hieb  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 9th 1946 at 8:05A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 19 46 to Feb 9 19 46  
and that I last saw h.e. alive on Feb 9 19 46

Immediate cause of death

DURATION

Chlorine PoisoningDue to Chlorine Poisoning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Epiglottic Cyst, Puscess  
Date of op. Feb 7

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Shumot M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-11-46

RECEIVED  
FEB 14 1946  
BUREAU V. G.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01581

Reg. Dist. No. 131

1. PLACE OF DEATH: Trud' R. Co.  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Md. County.....Ind't.  
 City or town.....Mt. Pleasant R. S.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....

3. (a) FULL NAME  
Albert Nestley Burrier

3. (b) Social Security Number

4. Sex.....Male 5. Color or race.....White 6. (a) Single, married, widowed, or divorced.....Married  
 6. (b) Name of husband or wife.....Mrs. Alice Dintman  
 7. Birth date of deceased (mo., day, yr.).....July 6 - 1867 6. (c) If alive, give age.....70 years  
 8. AGE: Years.....70 Months.....7 Days.....7 If less than one day.....hrs. min.  
 9. Birthplace.....Mt. Pleasant Md.  
 (Town, county, and state)

10. Usual occupation.....Farmer  
 11. Industry or business.....

12. Name.....Jack S. Burrier  
 13. Birthplace.....Mt. Pleasant  
 14. Maiden name.....Lavinia Long Md.  
 15. Birthplace.....Walkerville Md.

16. Informant.....Mrs. Annie Burrier  
 Address.....Ind't. R. 1

17. Burial Date thereof.....Feb. 16 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....Union Chapel  
 Location.....by Libertytown

18. Funeral director.....E. C. Barton  
 Address.....Walkerville, Md.

19. 15-Mch 1946 Eligible G. Heck.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....2-13 1946, at.....4 p. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Aug. 1942 to.....Feb. 13 1946  
 and that I last saw him alive on.....Feb. 13 - 1946

Immediate cause of death.....Heart Condition DURATION.....2 yrs.  
 Due to.....Arterio-sclerosis  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE.....Wm. W. Beall, M.D. M. D. or other.....  
 Address.....Libertytown Md. Date signed.....2/12/46

FEB 16 1946

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-7)

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1/15/46  
 Hospital, institution, or street address where death occurred:  
 Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 1/15/46

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For new-born infants give residence of mother)  
 Maryland  
 State..... County.....  
 City or town..... Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1230 W. Lombard St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
 Mae M. Caldwell

3. (b) Social Security Number  
 217-05-8746

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Separated  
 8. AGE: Years 50 Months 8 Days 12 If less than one day .....hrs. ....min.  
 11. Industry or business  
 12. Name Stanley ?  
 13. Birthplace Lithuania  
 14. Maiden name Mary Oguidas  
 15. Birthplace Lithuania  
 Deceased  
 16. Informant  
 Address  
 17. Burial, cremation, or removal. Which? Burial Date thereof 2/18/46 (month) (day) (year)  
 Cemetery or crematory Mt. Hope Reformed  
 Location Baltimore, Md.  
 18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland  
 19. 2/16 46 (Date rec'd by registrar) 19. 46 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 19. 46 at 9:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 19. 46 to Feb. 16 19. 46 and that I last saw her alive on February 16 19. 46

Immediate cause of death Pulmonary Tuberculosis DURATION 3 Yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lynn M. D. XXXX

Address State Sanatorium, Md. Date signed 2/18/46

RECEIVED

FEB 19 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01583

131

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Mount Airy-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 Years  
 Hospital, institution, or street address where death occurred:  
McKaig  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Mount Airy-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. McKaig  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

GEORGE HENRY CASTLE

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>	
6. (b) Name of husband or wife <u>Maudie R. Covell</u>		6. (c) If alive, give age <u>48</u> years	
7. Birth date of deceased (mo., day, yr.) <u>January 19, 1894</u>			
8. AGE: Years <u>52</u>	Months <u>1</u>	Days <u>2</u>	If less than one day .....hrs. ....min.
9. Birthplace <u>Frederick County Maryland</u> (Town, county, and state)			
10. Usual occupation <u>Farmer</u>			
11. Industry or business <u>Own Farm</u>			
12. Name <u>J. Sherman Castle</u>			
13. Birthplace <u>Frederick County Maryland</u>			
14. Maiden name <u>Nicie O. Etzler</u>			
15. Birthplace <u>Frederick County Maryland</u>			
16. Informant <u>Mrs. Maudie C. Castle</u>			
Address <u>Mount Airy, Md. - R. F. D. #1</u>			
17. <u>Burial</u> Date thereof <u>2/24/46</u> (Burial, cremation, or removal, whichever) (month) (day) (year)			
Cemetery or crematory <u>Mount Olivet Cemetery</u>			
Location <u>Frederick, Maryland</u>			
18. Funeral director <u>M. R. Etchison and Son</u>			
Address <u>Frederick, Maryland</u>			
19. <u>21 Feb</u> 19 <u>46</u> <u>Elizabeth G. Heck</u> (Date rec'd by registrar) Registrar			

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1946 at 3 A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Feb 21 1946 and that I last saw him alive on Feb 21 1946  
 Immediate cause of death Pneumonia liver  
 DURATION  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)  
 Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?  
 23. SIGNATURE James E. Foster Day M. D.  
Walkerwell, Md M. D. or other  
 Address..... Date signed Feb 21, 46



UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

POSTAL TELEGRAPH ALPHABET

RECEIVED  
FEB 23 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 015139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 1/15/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 1/15/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 2519 W. Baltimore St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Bernard A. Chambers

## 3. (b) Social Security Number

215-18-0889

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) July 6, 1904  
 8. AGE: Years 41 Months 6 Days 26 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation Printer  
 11. Industry or business \_\_\_\_\_

12. Name Ozzy Chambers  
 13. Birthplace Eastern Shore of Maryland  
 14. Maiden name Elizabeth Bell  
 15. Birthplace Baltimore, Maryland  
 16. Informant Deceased

Address \_\_\_\_\_  
 17. Buried Date thereof 2/4/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory New Cathedral C.  
 Location Edw. G. ...  
 18. Funeral director Edw. G. ...  
 Address 2534 ...  
 19. 2/1 46 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 19 46 at 2:20 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 19 46, to Feb. 1 19 46, and that I last saw him alive on February 1 19 46.  
 Immediate cause of death Pulmonary Tuberculosis  
 DURATION About 3 1/2 Yrs.  
xxxx  
Laryngeal Tuberculosis 2 Mos.  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accidental, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE J. D. Lyon M. D. xxxx  
 Address State Sanatorium, Md. Date signed 2/1/46

RECEIVED  
FEB 3 1945  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

## 1. PLACE OF DEATH:

County Frederick  
City or town Kempton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

HARRY

CLAY

## 3. (b) Social Security Number

4. Sex M 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Ella Clay7. Birth date of deceased (mo., day, yr.) Feb. 15, 1866 6.(c) If alive, give age 79 years8. AGE: Years 80 Months 4 Days 27 If less than one day.....hrs. ....min.9. Birthplace Frederick Co  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Randy Clay13. Birthplace Frederick Co14. Maiden name Evelyn Miller15. Birthplace Frederick Co16. Informant Rhodia MayleyAddress Monrovia17. Burial, cremation, or removal (Which?) Buried Date thereof Feb. 15, 1946  
(month) (day) (year)Cemetery or crematory KemptonLocation Kempton18. Funeral director H. M. SwisherAddress mt. Airy19. Feb. 14th 1946 Raymond F. Dean  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1946 at 10:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1935 to February 1946and that I last saw him alive on February 12, 1946

Immediate cause of death.....

Hypertension DURATION 12 yrsGeneralized arteriosclerosisArteriosclerotic Heart DiseaseCerebral Thrombosis1st attack Nov. 1945Due to 2nd Feb. 12, 1946

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Address Dunascus, Maryland Date signed 2/13/46

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.  
CERTIFICATE OF INVESTIGATION

RECEIVED  
MAR 7 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137-a

## CERTIFICATE OF DEATH

01586

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County... Frederick

City or town... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 2 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Carroll

City or town... Taneytown

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

ARCHIE A. CROUSE

## 3. (b) Social Security Number

217-07-2229

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MALE

White

Married

6.(b) Name of husband or wife... Annie Kelley Crouse

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1873

8. AGE: Years Months Days If less than one day

72

5

9

hrs. min.

9. Birthplace... Maryland

(Town, county, and state)

10. Usual occupation... Sales supervisor

11. Industry or business

12. Name... Milton D. Crouse

13. Birthplace... Md.

14. Maiden name... Ellen C. Harner

15. Birthplace... Md.

16. Informant... Frederick City Hospital

Address... Frederick, Md.

17. Burial Date thereof... February 14, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory... Lutheran Cemetery

Location... Taneytown, Md.

18. Funeral director... C.O. Fuss &amp; Son

Address... Taneytown, Md.

19. 13 Feb 1946 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 25 1946 to Feb 12 1946

and that I last saw him alive on Feb 12 1946

Immediate cause of death

Rheumatic Myocarditis

DURATION

Due to

Due to

Other conditions

Hypertrophied prostate

(Include pregnancy within 3 months of death)

Major findings of operations

Prostatectomy

Date of op. Feb 7-46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. P. Thomas

M. D. or other

Address Frederick, Md. Date signed Feb 12 1946

FEB 16 1946



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-7

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01587

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 Years

Hospital, institution, or street address where death occurred:  
Harmony Grove

How long in hospital or institution? .....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Harmony Grove  
(If rural, give LOCATION)

2.(a) If veteran, name war None

### 3. (a) FULL NAME

ALBERT LESTER DELAUTER

### 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	--

B. (b) Name of ~~husband~~ or wife Edith Angleberger

7. Birth date of deceased (mo., day, yr.) November 28, 1897  
6. (c) If alive, give age ..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>2</u>	<u>4</u>	.....hrs. ....min.

9. Birthplace Mr. Ellerton-Frederick-Maryland  
(Town, county, and state)

1D. Usual occupation Operated Own Garage Business

### 11. Industry or business

12. Name I. C. Delauter

13. Birthplace Frederick County Maryland

14. Maiden name Charlotte A. Hoover

15. Birthplace Frederick County Maryland

16. Informant Mr. I. C. Delauter

Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 2/5/46  
(Burial, cremation or removal, which?) (month) (day) (year)

Cemetery or ~~crematory~~ Grossnickles Cemetery

Location Near Ellerton, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. H- Feb 19 46 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH February 2nd, 1946 at 1:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2, 1946 to February 2, 1946 and that I last saw him in alive on February 2, 1946

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Antopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Howard W. Cul M. D.

Address Frederick, Maryland Date signed 2-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 8 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

## CERTIFICATE OF DEATH

01588

13

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Libertytown  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Edwin Derilbris

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Myrtie Carter

7. Birth date of deceased (mo., day, yr.)

March - 28 - 1863

8. AGE:

Years 83Months 10Days 23

If less than one day

.....hrs. ....min.

9. Birthplace

Frederick Co., Maryland  
(Town, county, and state)

10. Usual occupation

Retired Barber

11. Industry or business

12. Name

Edwin Derilbris

13. Birthplace

Maryland

14. Maiden name

Sydia Subudner

15. Birthplace

Maryland

16. Informant

Mrs Myrtie Derilbris

Address

Libertytown, Maryland

17. Burial (Burial, cremation, or removal, Which?)

BurialDate thereof Feb - 24 - 1946  
(month) (day) (year)

Cemetery or crematory

Central Cem.

Location

near New Garden Md.

18. Funeral director

Powell & F. Hartley

Address

Hoodstown Md19. 22 Feb 19 46  
(Date rec'd by registrar)Elizabeth H. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 19 46 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 10 19 45 to Feb 21 19 46and that I last saw him alive on Feb. 21 19 46

Immediate cause of death

Chronic myocarditis

DURATION

6 mo.Due to parenchymatoushypertensionDue to hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? .... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... injured at work?

23. SIGNATURE

BO Thomas  
Address Frederick Md Date signed 2/2/46

RECEIVED

FEB 25 1946

BUREAU U S



RECEIVED  
FEB 8 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01590

Reg. Dist. No.

140

## 1. PLACE OF DEATH:

County FrederickCity or town Ladiesburg-rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Ladiesburg-rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. none

(If rural, give LOCATION)

2.(a) If veteran, name war No

## 3. (a) FULL NAME

Minnie Elizabeth Dougherty.

## 3. (b) Social Security Number

None.

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed9. (b) Name of husband or wife J. Frank Dougherty.

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) February 22, 1865

8. AGE: Years Months Days If less than one day

80II29

..... hrs. .... min.

9. Birthplace Lewistown, Frederick Co. Md  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Housewife.12. Name George Craver13. Birthplace Lewistown, Md.14. Maiden name Elmira Palmer.15. Birthplace Frederick Co., Md16. Informant Mollie Dougherty.Address Detour, Md.17. Burial Feb. 23, 1946

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Haugh's CemeteryLocation Near Ladiesburg, Md.19. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Feb 22 1946 L E Powell

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1946, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 1946, to Feb 20 1946,and that I last saw him alive on Feb 20 1946

Immediate cause of death

Coronary occlusion

DURATION

Due to gradual dilationof heart

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Rigg M. D. or otherAddress Thurmont, Md. Date signed 2-20-46



RECEIVED  
MAR 4 1946  
BUREAU V.R.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

### 1. PLACE OF DEATH:

County Frederick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Delnauffer Hospital  
Hospital, institution, or street address where death occurred:  
about 15 days  
How long in hospital or institution? about 15 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State W. Va County Jeff  
City or town Harpers Ferry  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Margaret Yantis Dyott

### 3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Luther R. Dyott

7. Birth date of deceased (mo., day, yr.) Feb 16, 1866 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 79 Months 11 Days 17 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Harpers Ferry, Jeff Co, W. Va  
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Colonel Vance Yantis

13. Birthplace Jefferson Co, W. Va.

14. Maiden name Elizabeth Jones

15. Birthplace Middleburg, Va.

16. Informant Mrs. Roy M. Hart

Address 1246 Dean St. Brooklyn 16 N.Y.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Feb 4, 1946  
(month) (day) (year)

Cemetery or crematory Harper Cemetery

Location Harper's Ferry, W. Va.

18. Funeral director James S. Bailey

Address Harper's Ferry, W. Va.

19. Feb 3 19 46 Eugenia H. Bush  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 19 46 at 3:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 19 46 to Feb 2 19 46

and that I last saw him alive on Feb 2 19 46

Immediate cause of death Shock

DURATION 2 days

Due to Cholecystectomy 2 days

Due to Cholecystitis & Cholelithiasis 8

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Infected gall bladder & many stones Date of op. Jan 30-46

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE William Schaeffer M. D. or other \_\_\_\_\_

Address Brunswick, W. Va. Date signed Feb 2-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 5 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and definitely.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

## CERTIFICATE OF DEATH

01592

139

Reg. Dist. No. ....

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town **State Sanatorium, Maryland**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since 8/26/45**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since 8/26/45**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Prince George**  
 City or town **Cheltenham**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3.(a) FULL NAME  
**Charles L. Elliott**

3.(b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Separated**  
 6.(b) Name of ~~deceased~~ wife **Margaret Elliott**  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) **10/20/1893**  
 8. AGE: Years **52** Months **3** Days **19** If less than one day..... hrs. .... min.

9. Birthplace **Salisbury, Md.**  
 (Town, county, and state)  
 10. Usual occupation **Truck driver**  
 11. Industry or business

FATHER 12. Name **Jerome Elliott**  
 13. Birthplace **Wicomico Co., Md.**  
 MOTHER 14. Maiden name **Emma Freeny**  
 15. Birthplace **Wicomico Co., Md.**

16. Informant **Deceased**

Address **Bureau**  
 17. **Bureau** Date thereof **2/11/46**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Baltimore**  
 Location **North ave & Rose St**

18. Funeral director **Blair & F. Holman**  
 Address **1639 N. Broadway**

19. **2/8** 19 **46**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **February 8** 19 **46** at **8:10A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **August 26** 19 **45**, to **Feb. 8** 19 **46**  
 and that I last saw him alive on **February 8** 19 **46**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **14 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **J. D. Lynn** M. D. ~~XXXX~~

Address **State Sanatorium, Md.** Date signed **2/8/46**

RECEIVED  
FEB 9 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For those born infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

8. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

13. Birthplace.....

MOTHER

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. ....

(Burial, cremation, or removal, which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. ....

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Feb. 15

1946

at 145

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 8

1946

to Feb. 15

1946

and that I last saw him alive on Feb. 14

1946

Immediate cause of death

Intestinal obstruction 7 days

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

RECEIVED.

FEB 19 1946

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County... Frederick

City or town... Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 10 years

## 3. (a) FULL NAME

Fowler, Sister Mary Grace

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Religious

6. (b) Name of husband or wife:

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) October 7, 1862

## 8. AGE:

Years

83

Months

4

Days

18

It less than one day

...hrs. ...min.

9. Birthplace... Virginia  
(Town, county, and state)

10. Usual occupation... Sister of Charity

11. Industry or business

12. Name... William Fowler

13. Birthplace... England

14. Maiden name... Frances Purple

15. Birthplace... Westminster, Maryland

16. Informant... Sister Rosa, Assistant

Address... Central House, Emmitsburg, Md.

17. Burial... Date thereof... February 27, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Private Cemetery

Location... Central House, Emmitsburg, Md.

18. Funeral director... S. L. Allison

Address... Emmitsburg Md.

19. Feb 27 - 1946 M. F. Shuff  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... St. Joseph's House  
(If outside city or town limits, write RURAL and give nearest town)Street No... Emmitsburg Md  
(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH... February 25, 1946 at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4' 18" 18. 46 to 5' 6 25" 19. 46

and that I last saw him alive on Feb 22 19. 46

Immediate cause of death

Cardiac Thrombosis

DURATION

1 hr

Due to... Thromboembolism

6 yrs

Due to... Chronic interstitial pneumonia

10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... Morris A. Biehl M.D. or other

Address... Thurmont Md Date signed 2/28/46

RECEIVED  
MAR 2 1946  
BUREAU F. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12202

## CERTIFICATE OF DEATH

01595

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FredenichCity or town Fredenich  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredenich city Hospital

How long in hospital or institution?

5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredenichCity or town Ruth-Thurmont  
(If outside city or town limits, write RURAL and give nearest town)Street No. Cactostein Furnace

(If rural, give LOCATION)

2.(a) If veteran, name war

none

## 3. (a) FULL NAME

Harry W. Fraley

## 3. (b) Social Security Number

none

## 4. Sex

Male  
White

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Anne C. Shaffer

## 7. Birth date of

deceased (mo., day, yr.)

Feb 20, 1892

## 6. (c) If alive, give age

72 years

## 8. AGE:

Years

Months

Days

If less than one day

731113

.....hrs. ....min.

## 9. Birthplace

in Thurmont, Fred. Co. Md  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Farmer

## FATHER

## 12. Name

James H. Fraley

## 13. Birthplace

Thurmont Md

## MOTHER

## 14. Maiden name

Sarah Weller

## 15. Birthplace

Lewisstown Md

## 16. Informant

Ronald Fraley

## Address

Thurmont Md

## 17. Burial

Burial

## Date thereof

Feb 5, 1946

(Burial, cremation, or removal. Which?)

## Cemetery or crematorium

Lewisstown M. E.

## Location

Lewisstown Md

## 18. Funeral director

M. L. Creager & Son

## Address

Thurmont, Md

## 19.

5- Feb1946Elizabeth B. Heck

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Feb 41946, at 2 A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 281946, toFeb 41946

and that I last saw him alive on

Feb 41946

## Immediate cause of death

Indemien

## DURATION

Due to

3 da

Due to

Other conditions

Strangulated Hernia

(Include pregnancy within 3 months of death)

Major findings of operations

Strangulated Hernia

Date of op.

Jan 28 - 46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

E. P. Thomas

M. D. or other

Address

Fredenich Md

Date signed

Feb 4 - 46

RECEIVED  
FEB 8 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

01596

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Baltimore  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 mo.  
 Hospital, institution, or street address where death occurred:  
501 Buena Vista St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Virginia County Rockingham  
 City or town Harrisonburg Va.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 353 West Bruce St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Minnie Alice Frank

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

E. J. Frank

## 7. Birth date of deceased (mo., day, yr.)

Feb. 18 1858

## B. (c) If alive, give age

81 years

## 8. AGE:

88 Years

## Months

10 Days

## If less than one day

.....hrs. ....min.

## 9. Birthplace

Virginia  
(town, county, and state)

## 10. Usual occupation

housewife

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Unknown

## 13. Birthplace

## 14. Maiden name

Unknown

## 15. Birthplace

## 16. Informant

Mrs. Wills

## Address

Baltimore Md.

## 17.

(Burial, cremation, or removal. Which?)

Burial

## Date thereof

Mar. 3 1946  
(month) (day) (year)

## Cemetery or crematory

Woodbine

## Location

Harrisonburg Va.

## 18. Funeral director

G. N. Fute & Bros

## Address

Baltimore Md.

## 19.

Mar. 1  
(Date rec'd by registrar)

## 19.

Eugenia M. Burke  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Feb 281946 at 10:30 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 to Feb 28 1946  
and that I last saw him alive on Feb 28 1946

## Immediate cause of death

Arteriosclerosis

## DURATION

4 1/2

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

M. D. or other

## Address

Date signed

3/28/46

RECEIVED

MAR 4 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01597

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Shinnock - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 78 years  
 Hospital, institution, or street address where death occurred: \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Shinnock - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Ann V. Stauffer  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Jan 12 - 1856  
 8. AGE: Years 90 Months 1 Days 15 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Virginia  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business \_\_\_\_\_

FATHER 12. Name Joseph W. Gray  
 13. Birthplace Virginia  
 MOTHER 14. Maiden name Mary (Phyllis) Gray  
 15. Birthplace Virginia

16. Informant Robert Gray  
 Address Shinnock - Rural  
 17. Burial Date thereof March 1, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory United Brethren  
 Location Shinnock  
 18. Funeral director W. J. Willhite  
 Address Shinnock

19. March 1, 1946 Blanche S. Eyles  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1946 at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27 1946 to Feb. 27 1946  
 and that I last saw him alive on Feb. 27 1946

Immediate cause of death Cerebral Thrombosis  
 DURATION 1 day

Due to Cerebral Arteriosclerosis  
 DURATION 5 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James K. Gray M.D.

Address Shinnock - Rural M. D. or other \_\_\_\_\_

Date signed 2/28/46



CERTIFICATE OF DEATH

RECEIVED

MAR 2 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

<b>1. PLACE OF DEATH:</b> County... <u>Frederick</u> City or town... <u>State Sanatorium, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Since 4/26/45</u> Hospital, institution, or street address where death occurred: <u>Maryland Tuberculosis Sanatorium</u> How long in hospital or institution? <u>Since 4/26/45</u>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State... <u>Maryland</u> County..... City or town... <u>Baltimore</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>823 N. Eutaw St.</u> (If rural, give LOCATION) 2. (a) If veteran, name war.....	
---	--	---	--

<b>3. (a) FULL NAME</b> <u>Cyril E. Guy</u>	<b>3. (b) Social Security Number</b>
--	--------------------------------------

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife.....		
7. Birth date of deceased (mo., day, yr.) <u>March 22, 1908</u>		
8. AGE: Years <u>37</u>	Months <u>11</u>	Days <u>5</u>
6. (c) If alive, give age..... years ..... hrs. .... min.		

9. Birthplace... <u>Texas</u> (Town, county, and state)
10. Usual occupation... <u>Seaman</u>
11. Industry or business
12. Name... <u>William H. Guy</u>
13. Birthplace... <u>England</u>
14. Maiden name... <u>Doreen ?</u>
15. Birthplace... <u>France</u>

16. Informant... <u>Deceased</u>
Address... <u>Burial</u>
17. <u>Burial</u> (Burial, cremation, or removal. Which?) Date thereof... <u>Feb 8, 1946</u> (month) (day) (year)
Cemetery or crematory... <u>Wheaton Cemetery</u>
Location... <u>Frederick Co. Md.</u>
18. Funeral director... <u>M. L. Creager &amp; Son</u>
Address... <u>Thurmont, Maryland</u>
19. <u>3/27/46</u> (Date rec'd by registrar)
Registrar

<b>MEDICAL CERTIFICATION</b> 20. DATE OF DEATH... <u>February 27</u> 19 <u>46</u> at <u>6:35A</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 26</u> 19 <u>45</u> to <u>Feb. 27</u> 19 <u>46</u> and that I last saw him alive on <u>February 27</u> 19 <u>46</u> Immediate cause of death <u>Pulmonary Tuberculosis</u> DURATION <u>18 Mos.</u>	
Due to..... Due to..... Other conditions..... (Include pregnancy within 3 months of death)	Major findings of operations..... Date of op. .... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur? ..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) ..... Means of injury..... Injured at work?.....	
23. SIGNATURE... <u>[Signature]</u> Address... <u>State Sanatorium, Md.</u> M. D. <u>[Signature]</u> Date signed <u>2/27/46</u>	

RECEIVED

MAR 2 1946

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01599

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 2/15/46  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 2/15/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 511 E. Belvedere Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Walter Scott Haines

## 3. (b) Social Security Number

220-09-6722

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 7/17/1890  
 8. AGE: Years 55 Months 7 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Philadelphia, Pa.  
 (Town, county, and state)  
 10. Usual occupation Painter  
 11. Industry or business \_\_\_\_\_

12. Name Arthur S. Haines  
 13. Birthplace Maryland  
 14. Maiden name Fannie Lezendell  
 15. Birthplace Maryland

16. Informant Records of Mercy Hospital  
 Address Baltimore, Maryland  
 17. Cremation Date throat 2/17/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory London Park Cemetery  
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son  
 Address Thurmont, Maryland

19. 2/16 19 46  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 19 46 at 12:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 19 46 to Feb. 16 19 46  
 and that I last saw him alive on February 16 19 46

Immediate cause of death Pulmonary Tuberculosis  
 DURATION About 3 months

~~XXXX~~ Tuberculous Meningitis 4 days

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lyn M. D. DELUCK  
 Address State Sanatorium, Md. Date signed 2/22/46

RECEIVED  
FEB 25 1946  
BUREAU V.E.

*W. E. C.*

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 150440

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: *Frederick*  
 (a) County *Frederick*  
 (b) City or town *Woodlawn*  
 (If outside city or town limits, write RURAL and give town)  
 (c) Street address, hospital, or institution:  
 (d) Length of stay in hospital or inst. (yrs., mos., or days)  
 (e) Length of stay in this community (yrs., mos., or days) *Life*

2. HOME (USUAL RESIDENCE) OF DECEASED:  
 (a) State *Ind* (b) County *Frederick*  
 (c) City or town *Woodlawn, Ind.*  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No. (If rural give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3 (a) FULL NAME *William Edward Hoffman*

3 (b) If veteran, name war 3 (c) Social Security No.

4. Sex *Male* 5. Color or race *White* 6 (a) Single, married, widowed, or divorced *Married*

6 (b) Name of husband or wife *Lilla H. Hoffman*

6 (c) If alive, give age *69* years

7. Birth date of deceased (mo., day, yr.) *Sept 15, 1856*

8. AGE: Years *89* Months *3* Days *7* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Baltimore Md*  
 (Town, county, and state)

10. Usual occupation *Coach Painter*

11. Industry or business

12. Name *John H. Hoffman*

13. Birthplace *Adams Co. Pa.*

14. Maiden Name *Anna Maria Adams*

15. Birthplace *Adams Co. Pa.*

16 (a) Informant *Mrs. H. E. Hoffman*

(b) Address *Woodlawn Md.*

17 (a) *Burial* (b) Date thereof *Feb. 26, 1946*  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory

Location *Libertytown*

18 (a) Funeral director *Powell & Hartley*

(b) Address *Woodlawn Md*

19 (a) *2/27-46* (b) *L. C. Powell*

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. Date of death *Feb 22* 19*46*, at *9:40 A M*

21. I certify that death occurred on the date above stated; that I attended deceased from *Feb 17* 19*46*, to *Feb 22* 19*46* and that I last saw him alive on *Feb 21* 19*46*.

Immediate cause of death *Hypertensive Cardio Vascular*  
*Renal Disease*

Due to

Due to

Other conditions *Bronchitis Acute*

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature *Garrett E. Postday*

M. D. or other

Address *Dolkesville, Md*

Date signed *Feb 22, 46*

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 4 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 632

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

11 McMurray Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 11 McMurray Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

JOHN WILLIAM JESSE KING

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Matilda C. Keller

7. Birth date of

deceased (mo., day, yr.)

August 9, 1866

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

79613

.....hrs. ....min.

9. Birthplace Nr. Jefferson-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

FATHER  
MOTHER12. Name Jesse W. King13. Birthplace Frederick County Maryland14. Maiden name Ann Fulmer15. Birthplace Frederick County Maryland16. Informant Mrs. Charles F. CookAddress 11 McMurray St., Frederick, Md.17. Burial Date thereof 2/25/46  
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory St. Pauls Lutheran CemeteryLocation Jefferson, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 23 Feb 1946  
(Date rec'd by registrar)Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

N.Y. 1944 to Feb 22 1946and that I last saw him alive on Feb 22 1946

Immediate cause of death

Cerebral Hemorrhage  
Atherosclerosis

DURATION

3 days  
5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. H. - Hedger

M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-23-46

RECEIVED  
FEB 25 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

307 West Patrick Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 307 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

BERNARD LEONARD KREH

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Virgie M. Munshower6. (c) If alive, give age 55 years

## 7. Birth date of

deceased (mo., day, yr.)

June 18, 1887

## 8. AGE:

Years

Months

Days

If less than one day

58723

hrs.

min.

## 9. Birthplace

Frederick-Frederick-Maryland  
(Town, county, and state)

## 10. Usual occupation

Stone Mason

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Theodore C. Kreh

## 13. Birthplace

Frederick County Maryland

## 14. Maiden name

Ada May Stull

## 15. Birthplace

Frederick County Maryland

## 16. Informant

Mrs. Virgie M. Kreh

## Address

307 W. Patrick St., Frederick, Md

## 17.

Burial

Date thereof

2/13/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Mount Olivet Cemetery

## Location

Frederick, Maryland

## 18. Funeral director

M. R. Etchison and Son

## Address

Frederick, Maryland

## 19.

11-Feb1946Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11th 1946 at 7:30A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 3 1944 to Feb. 11 1946and that I last saw him alive on Feb. 10 1946

Immediate cause of death

Cerebral Hemorrhage

## DURATION

3 days

Due to

Arterio Sclerosis4 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. ThomasM. D.

M. D. or other

Address Frederick, Maryland Date signed 2-11-46

RECEIVED

FEB 12 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *51-B*

## CERTIFICATE OF DEATH

Reg. Dist. No. *131*

01603

## 1. PLACE OF DEATH:

County *Frederick*City or town *Frederick*  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *32 Years*

Hospital, institution, or street address where death occurred:

*300 Dill Avenue*

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Frederick*City or town *Frederick*  
(If outside city or town limits, write RURAL and give nearest town)Street No. *300 Dill Avenue*  
(If rural, give LOCATION)2.(a) If veteran, name war *None*

## 3.(a) FULL NAME

*ALBERT THEADORE MARTZ*

## 3.(b) Social Security Number

*None*

4. Sex <i>M</i>	5. Color or race <i>W</i>	6.(a) Single, married, widowed, or divorced <i>W</i>
--------------------	------------------------------	---

6.(b) Name of husband or wife *Emma E. Holtz*7. Birth date of deceased (mo., day, yr.) *June 24, 1853*  
6.(c) If alive, give age ..... years

8. AGE:	Years	Months	Days	If less than one day
	<i>92</i>	<i>7</i>	<i>14</i>	.....hrs. ....min.

9. Birthplace *Bloomfield-Frederick-Maryland*  
(Town, county, and state)10. Usual occupation *None*

## 11. Industry or business

12. Name *David S. Martz*13. Birthplace *Frederick County Maryland*14. Maiden name *Harriett Wachter*15. Birthplace *Frederick County Maryland*16. Informant *Miss Amie W. Martz*Address *300 Dill Ave., Frederick, Md.*17. *Burial* Date thereof *2/13/46*  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Mount Olivet Cemetery*Location *Frederick, Maryland*18. Funeral director *M. R. Etchison and Son*Address *Frederick, Maryland*19. *11 Feb* 19 *46* *Elizabeth G. Heck*  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *February 10, 1946* at *2:30 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan. 15, 1946* to *Feb. 10, 1946* and that I last saw him alive on *Feb. 10, 1946*Immediate cause of death *Carcinoma Prostate Hemorrhage* DURATION *2 years*

Due to .....

Due to .....

Other conditions *arterio sclerosis* *10 years*

(Include pregnancy within 3 months of death)

Major findings of operations .....

.....Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE *Wm M Smith* M. D.Address *Frederick, Maryland* Date signed *2-11-46*

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FEB 12 1946

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

Reg. Diat. No. 01604 131

## 1. PLACE OF DEATH:

County FredensburghCity or town Fredensburgh  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredensburghCity or town Fredensburgh  
(If outside city or town limits, write RURAL and give nearest town)Street No. Janey Apt. # 8 North St  
(If rural, give LOCATION)

2(a) If veteran, name war

## 3. (a) FULL NAME

Calvin C. Infant Miller Jr.

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

white

## 6. (c) Single, married, widowed, or divorced

single

## 6. (b) Name of husband or wife

B. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

Feb 20, 1946

## 8. AGE:

Years

Months

Days

If less than one day

0000 hrs.15 min.

## 9. Birthplace

Fredensburgh, Fredensburgh, MD  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## 12. Name

Calvin C. Miller

## 13. Birthplace

Fredensburgh, MD

## 14. Maiden name

Calvin C. Miller

## 15. Birthplace

Washington, D.C.

## 16. Informant

Calvin C. Miller

## Address

FREDERICK, MD

## 17. Date thereof

2/21/46  
(Burial, cremation, or removal) (month) (day) (year)

## Cemetery or crematory

St. Olaf

## Location

Fredensburgh, MD

## 18. Funeral director

Harry E. Carter Co.

## Address

Fredensburgh, MD

## 19. Date rec'd by registrar

21-Feb 1946Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 19 46 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9:30 pm Feb 20 19 46 to 9:45 pm Feb 20 19 46and that I last saw him/her alive on Feb 20 19 46

Immediate cause of death

Prematurity  
(6 month gestation)

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. R. Scholman M.D.

M. D. or other

Address

Fredensburgh, MDDate signed 2/21/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

FEB 23 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

## CERTIFICATE OF DEATH

Reg. Dist. No. 01605131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years -

Hospital, institution, or street address where death occurred:  
731 North Market St

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 731 North Market St  
 (If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (a) FULL NAME

Fannie Virginia Harling Miller

## 3. (b) Social Security Number

none4. Sex female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife J. Marshal Miller6. (c) If alive, give age 88 years7. Birth date of deceased (mo., day, yr.) Sept 20 1862

8. AGE: Years 83 Months 5 Days 2 If less than one day  
 hrs. min.

9. Birthplace Washington, D. C.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Dr. Charles Harling13. Birthplace Detmold, Germany14. Maiden name Matilda Simon15. Birthplace Fredericksburg, Va16. Informant Virginia MillerAddress 731 N. Market St.17. Burial Date thereof 2/25/46  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick md18. Funeral director Harry E. Gantz Co.Address Frederick, md19. 24-Feb 1946 Elizabeth L. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22 19 46 at 1245 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 19 46 to Feb. 22 19 46and that I last saw her alive on Feb. 22 19 46

Immediate cause of death

DURATION

Myocardial Infarction primary 2 mo.

Due to

Arteriosclerotic Heart 1 yr.Due to Shunt.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none.

Date of op.

Autopsy results none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Gurre M.D. M.D. or otherAddress Frederick, Md. Date signed 2/23/46

RECEIVED

FEB 28 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 7/30/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 7/30/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 924 Light St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

George Miller

## 3. (b) Social Security Number

212-05-7320

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of deceased's wife Laura V. Miller

7. Birth date of deceased (mo., day, yr.) 5/15/1908

6. (c) If alive, give age 37 years

## 8. AGE:

Years

37

Months

8

Days

27

If less than one day

.....hrs. ....min.

## 9. Birthplace

Baltimore, Md.

(Town, county, and state)

## 10. Usual occupation

Shipyard Guard

## 11. Industry or business

FATHER  
MOTHER

12. Name George G. Miller13. Birthplace ?14. Maiden name Clara ?15. Birthplace ?

## 18. Informant

DeceasedAddress Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14, 1946

(month) (day) (year)

Cemetery or crematory Howard CemeteryLocation Annapolis, Md.

## 18. Funeral director

Address Thermont, Md.19. 2/11/46 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 19 46 at 9:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30 19 45, to Feb. 11 19 46and that I last saw him alive on February 11 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

3 1/2 Yrs.~~XXXX~~Pulmonary hemorrhage

Few

Due to

minutes.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. B. LynnM. D. ACAddress State Sanatorium, Md. Date signed 2/11/46

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FEB 12 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-P

## CERTIFICATE OF DEATH

Reg. Dist. No. 01031

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Male

5. Color or race

Caucasoid

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

65??hrs. min.

9. Birthplace

Carroll Co. Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER  
MOTHER

12. Name

Harry Myers

13. Birthplace

Carroll Co. Maryland

14. Maiden name

Rechesel - ?

15. Birthplace

Carroll Co. Md.

16. Informant

Records Emergency Hospital

Address

Frederick - Md.

17.

Burial

(Burial, cremation, or removal, which?)

Date thereof

2-8-1946

(month) (day) (year)

Cemetery or crematorium

Montrose Cemetery

Location

West of Frederick, Md.

18. Funeral director

C. E. Clue & Son

Address

Frederick, Md.

19.

(Date rec'd by registrar)

7 FebEligible Hech

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Mount Airy  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

none

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 6, 1946 6 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 26, 1946 to Feb 6, 1946  
and that I last saw him alive on February 6, 1946

Immediate cause of death

Nephritis, Chronic

DURATION

5y ?

Due to

Due to

Other conditions

Prostatic hypertrophy2y ?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas J.

M. D. or other

Address

Frederick, Md.

Date signed

Feb. 7, 1946

RECEIVED

FEB 9 1946

BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 535

# CERTIFICATE OF DEATH

01608

Reg. Dist. No. ....140.....

1. PLACE OF DEATH: County..... <u>Fredrich</u> City or town..... <u>Ladiesburg</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>15 yrs</u> Hospital, institution, or street address where death occurred:  Now long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> ..... County..... <u>Fredrich</u> City or town..... <u>Ladiesburg</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3.(a) FULL NAME <u>Bertie Savilla Morris</u>				3.(b) Social Security Number			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Widowed</u>			
6.(b) Name of husband or wife..... <u>Harvey Eugene Morris</u>				6.(c) If alive, give age..... years			
7. Birth date of deceased (mo., day, yr.) <u>December 18-1881</u>							
8. AGE: Years <u>64</u>		Months <u>2</u>		Days <u>3</u>			
It less than one day..... hrs. .... min.							
9. Birthplace..... <u>Fredrich County Maryland</u> (Town, county, and state)							
10. Usual occupation..... <u>Housewife</u>							
11. Industry or business..... <u>At Home</u>							
MOTHER FATHER		12. Name..... <u>William Shoemaker</u>					
		13. Birthplace..... <u>Maryland</u>					
MOTHER		14. Maiden name..... <u>Margaret S. Plaine</u>					
		15. Birthplace..... <u>Maryland</u>					
16. Informant..... <u>Mrs. Bernice E. Froch</u> Address..... <u>Ladiesburg Md.</u>							
17. <u>Burial</u> (Burial, cremation, or removal. Which?) Date thereof..... <u>Feb 23-1946</u> (month) (day) (year) Cemetery or crematory..... <u>Mt Zion Lutheran Cemetery</u> Location..... <u>near Ladiesburg Md</u>							
18. Funeral director..... <u>Rowell &amp; Smith</u> Address..... <u>Woodboro &amp; Libertytown Md.</u>							
19. <u>Feb 23</u> 19 <u>46</u> (Date rec'd by registrar) Registrar..... <u>E C Pousace</u>							
MEDICAL CERTIFICATION							
20. DATE OF DEATH..... <u>Feb 21</u> 19 <u>46</u> , at..... <u>47</u> M.							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... <u>Feb 18</u> 19 <u>46</u> , to..... <u>Feb 21</u> 19 <u>46</u> and that I last saw h..... alive on..... <u>Feb 19</u> 19 <u>46</u>							
Immediate cause of death..... <u>Cerebral Thrombosis</u>							
Due to.....							
Due to.....							
Other conditions.....							
(Include pregnancy within 3 months of death)							
Major findings of operations.....							
Date of op.....							
Autopsy results.....							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?							
23. SIGNATURE..... <u>J H Lipp</u> M. D. or other Address..... <u>Union Bridge</u> Date signed..... <u>2-23-46</u>							

RECEIVED

MAR 4 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178A)

## CERTIFICATE OF DEATH

01609 131  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Frederick  
City or town..... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... Lifetime  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution?..... 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Frederick  
City..... Lewistown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war..... None

## 3.(a) FULL NAME

MARGARET KATHERINE PERRY

## 3.(b) Social Security Number

None

4. Sex..... Female  
5. Color or race..... White  
6.(a) Single, married, widowed, or divorced..... Widowed  
6.(b) Name of husband or wife..... Henry Clay Perry  
6.(c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.)..... September 17- 1862  
8. AGE: Years..... 83 Months..... 3 Days..... 0 If less than one day..... hrs. .... min.

9. Birthplace..... Frederick County Maryland  
(Town, county, and state)

10. Usual occupation..... Housekeeper

## 11. Industry or business

12. Name..... George Mehrling

13. Birthplace..... Germany

14. Maiden name..... Barbara Englebrecht

15. Birthplace..... Germany

16. Informant..... George and Harry Perry

Address..... Lewistown and Gaithersburg, Md.

17. Burial..... Date thereof..... Feb. 20-1946  
(Burial, cremation, or removal: Where?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Md.

18. Funeral director..... C.E. Cline and Son

Address..... Frederick, Md.

19. 19 Feb 1946 Elizabeth G. Hark Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 17th. 1946 at 7:15P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 17 1946 to Feb. 18 1946

and that I last saw him alive on Feb. 18 1946

Immediate cause of death..... asphyxiation

DURATION..... 28 hours

Due to..... gas leaking from electric refrigerator

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... accident Date of..... Feb 16-46

Where did injury occur?..... Lewistown, Frederick, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Home

Means of injury..... Gas DR. R. V. DEPUTY MEDICAL EXAMINER

23. SIGNATURE..... R. V. DEPUTY MEDICAL EXAMINER

M. D. or other

Address..... Date signed..... 2-19-46

RECEIVED

FEB 21 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 01931

## 1. PLACE OF DEATH:

County FredrickCity or town Mountain Mills Md Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Camden Md R.R.D.  
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓  
(If rural, give LOCATION)2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

William H Potts

## 3. (b) Social Security Number

✓4. Sex Male 5. Color or race Colo 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Elthia May Potts6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) May 17 - 18838. AGE: Years 62 Months 8 Days 27 If less than one day hrs. min.9. Birthplace Friend Ship Md  
(Town, county, and state)10. Usual occupation Farm11. Industry or business Farm12. Name Bub Potts13. Birthplace Friend Ship Md14. Maiden name Unknown15. Birthplace Unknown16. Informant Irma RiggsAddress Gainsville Md17. Burial Date thereof Feb 18, 1946  
(Burial, cremation, or removal, etc.) (month) (day) (year)Cemetery or crematory Friend Ship MdLocation Montgomery Co Md18. Funeral director Boyd W. BarkerAddress Laytonville Md19. 15 Feb 19 46 Elizabeth G. Hecker

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 13 19 46 at 5:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19  
and that I last saw him alive on Feb. 13 19 46Immediate cause of death Cerebral hemorrhage DURATION 1 hour

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M.D.  
Asst. Deputy Medical ExaminerAddress Fredrick Md Date signed Feb 13, 1946

RECEIVED  
FEB 19 1946  
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 MonthsHospital, institution, or street address where death occurred:  
24-A West All Saint Street

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 24-A West All Saint Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

RUBY VIRGINIA PROCTOR

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) November 30, 1945  
6. (c) If alive, give age ..... years

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>25</u>	..... hrs. .... min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

11. Industry or business .....

12. Name John A. Jones13. Birthplace Frederick County Maryland14. Maiden name Evelyn Proctor15. Birthplace Montgomery County Maryland16. Informant Evelyn ProctorAddress 24-A W. All Saint St., Fred'k, Md.17. Burial Date thereof 2/22/46  
(Burial, cremation, or removal-Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 21-Feb 1946 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 20th, 1946 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....  
and that I last saw him/her DEAD February 20, 1946Immediate cause of death Pneumonia(Pneumonia?)

Due to.....

Due to.....

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE R. W. Baer Deputy Medical Examiner  
M. D. or otherAddress Frederick, Maryland Date signed 2-21-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



11311

RECEIVED IN THE OFFICE OF THE DIRECTOR

RECEIVED IN THE OFFICE OF THE DIRECTOR

RECEIVED  
FEB 23 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 0161231

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 6 Months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 109 East Second Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

S. KATHARINE QUINN

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1858 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

88

Years

Months

—

Days

—

If less than one day

hrs.

min.

9. Birthplace Frederick, Maryland  
(Town, county, and state)10. Usual occupation Retired Housekeeper

11. Industry or business

12. Name Allen G. Quinn13. Birthplace Annapolis, Maryland14. Maiden name Harriett Hauer15. Birthplace Frederick, Maryland16. Informant John Ed SchellAddress Frederick, Maryland17. Burial Date thereof February 18, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or ~~other~~ Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress 8 East Patrick St., Frederick, Md.19. 18 February 46 Elizabeth G. Hade  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 19 46 at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 19 45 to Feb. 16 19 46  
and that I last saw him alive on Feb. 16 19 46

Immediate cause of death

DURATION

Myocardial Infarction  
Arteriosclerosis  
Disease  
Chronic Angina  
Fracture of leg (old)

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Arthur Quinn M.D.  
M.D. or otherAddress Frederick, Md. Date signed 2/18/46

44-1512

OFFICE OF THE ATTORNEY GENERAL

RECEIVED

FEB 19 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01613

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Near Feagaville  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Feagaville  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

BLI CHARLES RENN

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Ada G. Easterday  
 6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) November 25, 1860

8. AGE: Years 85 Months 2 Days 29 If less than one day  
 .....hrs. ....min.

9. Birthplace Nr. Feagaville-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

FATHER 12. Name John H. Renn  
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Sarah Ann House  
 15. Birthplace Frederick County Maryland

16. Informant Austin P. Renn  
 Address Frederick, Md. R. F. D. #4

17. Burial Date thereof 2/27/46  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 25 Feb 1946 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 24th 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
February 17th, 1946 to Feb. 24th 1946  
 and that I last saw him alive on February 23d, 1946

Immediate cause of death  
Endocarditis - chronic  
Cardiac asthma - sub acute  
Cardio-vascular renal dis-  
ease.  
 Due to General senility  
 Other conditions  
 (Include pregnancy within 3 months of death)

## DURATION

1 week  
number  
of years

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE C. H. Conley, M.D.  
 Address Frederick, Maryland Date signed 2-25-46

51010

STAMP TO INDICATE DATE OF RECEIPT

STAMP TO BE OBTAINED

RECEIVED  
FEB 28 1946  
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

01614

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 Years  
 Hospital, institution, or street address where death occurred:  
307 South Market Street  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 307 South Market Street  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

ZELLA MAY MOXLEY RENN

3. (b) Social Security Number  
None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) <u>Single</u> , married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

8. (b) Name of husband George L. Renn  
 8. (c) If alive, give age 71 years  
 7. Birth date of deceased (mo., day, yr.) July 6, 1875  
 8. AGE: Years 70 Months 7 Days 6 If less than one day  
 ..... hrs. .... min.

9. Birthplace Baltimore, Maryland  
 (Town, county, and state)  
 10. Usual occupation At Home  
 11. Industry or business  
 FATHER  
 12. Name John Moxley  
 13. Birthplace Baltimore, Maryland  
 MOTHER  
 14. Maiden name Sarah (last name Unknown)  
 15. Birthplace Baltimore, Maryland

16. Informant Mr. George L. Renn  
 Address 307 S. Market St., Frederick, Md.  
 17. Burial Date thereof 3/3/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location .....  
 18. Funeral director M. R. Etchison and Son  
Frederick, Maryland  
 Address .....

19. 2 March 19 46 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 28th, 1946 at 2:30 P.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Feb. 28 19 46 to Feb 28 19 46  
 and that I last saw h. ex alive on Feb 28 19 46  
 Immediate cause of death Coronary Thrombosis DURATION  
2 days  
 Due to Uremia  
 Due to .....  
 Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work?

23. SIGNATURE Elizabeth G. Heck M. D.  
 Address Frederick, Maryland Date signed 3/2/46

RECEIVED

MAR 4 1946

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 11920

## CERTIFICATE OF DEATH

Reg. Dist. No. 01615 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? One hour  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? One hour

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Detour-rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James R. Renner.

## 3. (b) Social Security Number

✓

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

April 2, 1945

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

10

5

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Detour, Frederick Co. Md.

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

John A. Renner

## 13. Birthplace

Rocky Ridge, Md.

## 14. Maiden name

Mary E. Moser

## 15. Birthplace

Keymar, Md.

## 16. Informant

Mr. John A. Renner

## Address

Detour, Md.

## 17.

(Burial, cremation, or removal, which?)

Date thereof Feb. 10, 1946

(month) (day) (year)

## Cemetery or crematory

Mt Hope Cemetery

## Location

Woodsboro, Md.

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Md.

## 19.

(Date rec'd by registrar)

9-Feb-1946

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1946 at 7:04 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 6 - 1946, to Feb. 7 - 1946  
 and that I last saw him alive on Feb. 7 - 1946

Immediate cause of death

6. Pulmonary Infarction  
(Enter cause of death)

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

Address

M. D. or other

Date signed 2/8/46

RECEIVED

FEB 12 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

## CERTIFICATE OF DEATH

01616

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Frederick City HospitalHow long in hospital or institution? 4 Weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 25 East Sixth Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

MINNIE IRENE RICE

## 3. (b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>F</u>	<u>W</u>	<u>M</u>

6.(b) Name of husband or wife Simon Rice

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 27, 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>26</u>	.....hrs. ....min.

9. Birthplace Walkersville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name Presley Barrick13. Birthplace Frederick County Maryland14. Maiden name Margaret E. Lease15. Birthplace Frederick County Maryland16. Informant Mrs. Alice A. GlessnerAddress E. 6th St., Frederick, Maryland17. Burial Date thereof 2/26/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 Feb 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 23, 19 46, at 6:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2 19 46, to Feb 23 19 46and that I last saw him alive on Feb 23 19 46Immediate cause of death Cerebral hemorrhageDURATION 2 days

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Phocas M. D.Address Frederick, Maryland Date signed 2-25-46

RECEIVED

FEB 28 1946

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

## CERTIFICATE OF DEATH

01617  
131

Reg. Dist. No. ....

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 2 Weeks

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Hotel Frederick  
(If rural, give LOCATION)

2. (a) If veteran, name war None

### 3. (a) FULL NAME

CELESTE MANZETTA ROELKEY

### 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

B. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 25, 1862

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>2</u>	..... hrs. .... min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name John Roelkey

13. Birthplace Germany

MOTHER 14. Maiden name Susanna Albright

15. Birthplace England

16. Informant Mrs. Edward I. Myers

Address Frederick, Maryland

17. Entombment 3/2/46  
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 28 Feb 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 27, 1946 at 3:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Feb 27, 1946  
and that I last saw him alive on February 27, 1946

Immediate cause of death	DURATION
<u>Chronic Myocarditis with</u>	<u>6 years</u>
<u>Arricular fibrillation</u>	<u>10 days</u>
<u>Hypostatic pneumonia</u>	
Due to	
<u>Severe fall about 2</u>	
<u>weeks ago.</u>	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Arnold W. Auh M. D.

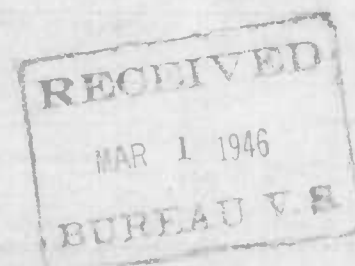
Address Frederick, Maryland M. D. or other

Date signed 2-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

01618

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 46

Elizabeth J. Hecker

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 22, 1946, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 8, 1946, to Feb. 22, 1946

and that I last saw him alive on

February 22, 1946

Immediate cause of death

Chronic nephritis

DURATION

unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.

Address

Frederick, Md.

Date signed

Feb. 22, 1946



MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
FEB 23 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

JOHN EDWARD SAUERS

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of ~~husband~~ or wife Ida May Fontz6. (c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) March 6, 18768. AGE: Years Months Days If less than one day  
69 11 10 ..... hrs. .... min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Retired Army Officer

11. Industry or business

12. Name Johannes Sauers13. Birthplace Germany14. Maiden name Anna Catherine Roth15. Birthplace Germany16. Informant Mrs. Ida F. SauersAddress Buckeystown, Maryland17. Burial Date thereof 2/19/46  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory National CemeteryLocation Baltimore, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 18 Feb 19 46 Eligible G. H. H.  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Buckeystown  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2. (a) If veteran, name war World War I

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1946 at 4:25 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
..... 19 40 to Feb 16, 1946and that I last saw him alive on February 14, 1946Immediate cause of death Coronary Occlusion DURATION 12 hoursDue to Arterio-sclerotic Heart Disease

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Howard W. Ash M.D. M. D. or otherAddress Frederick Md Date signed 2/16/46

RECEIVED  
FEB 19 1946  
RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *942*

## CERTIFICATE OF DEATH

★ 01620 134  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County... *Fredrick*  
City or town... *Rural, Emmitsburg, Md.*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?... *20 years*  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... *Maryland* County... *Fredrick*  
City or town... *Rural*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... *Emmitsburg, R.D.*  
(If rural, give LOCATION)  
2.(a) If veteran, name war... *No*

## 3. (a) FULL NAME

*Mary Cecelia Schlenk*

## 3. (b) Social Security Number

*No*

4. Sex <i>Fm</i>	5. Color or race <i>white</i>	6.(a) Single, married, widowed, or divorced <i>widow</i>
---------------------	----------------------------------	---

6.(b) Name of husband or wife... *Charles T. Schlenk*  
6.(c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.)... *May 13, 1863*

8. AGE:	Years	Months	Days	If less than one day
	<i>82</i>	<i>9</i>	<i>11</i>	.....hrs. ....min.

9. Birthplace... *Washington Co., Md.*  
(Town, county, and state)  
10. Usual occupation... *Housekeeper*  
11. Industry or business

12. Name... *Alexius J. Cretin*  
13. Birthplace... *Fredrick Co md.*  
14. Maiden name... *Mary Ellen Corbin*  
15. Birthplace... *Accomac Co. Va.*

16. Informant... *C. C. Cretin*  
Address... *Emmitsburg, Md. R.D.*

17. *burial* Date thereof... *Feb 28, 1946*  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory... *St Anthony Shrine*  
Location... *Emmitsburg, Md.*

18. Funeral director... *A. L. Allison*  
Address... *Emmitsburg, Md.*

19. *Feb 27 = 19 46* *M. F. Shuff*  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... *Feb 28* 19*46* at *8:40 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 8* 19*45* to *Feb 28* 19*46* and that I last saw him alive on *Feb 28* 19*46*.

Immediate cause of death	DURATION
<i>Heart Collapse</i>	<i>10 hrs</i>
Due to <i>Acute Ischemic</i>	<i>12 hrs</i>
Due to <i>Chronic Endocarditis</i>	<i>6 yrs</i>
Other conditions <i>Chronic Hypertension</i>	<i>18 yrs</i>

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op. ....

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of ...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE... *Morris D. Brief MD* M. D. or other  
Address... *Thurmont - Md* Date signed *2/26/46*

RECEIVED

NOV 2 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72

## CERTIFICATE OF DEATH

01621

Reg. Dist. No. 147

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Mt Airy  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.City or town Washington D.C.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 415-16<sup>th</sup> St. S.E.  
(If rural, give LOCATION)2(a) If veteran, name war Spanish American, World War I

## 3. (a) FULL NAME

FRITZSCHOOFF

## 3. (b) Social Security Number

4. Sex MALE 5. Color or race W 6. (a) Single, married, widowed, or divorced MARRIED6. (b) Name of husband or wife Stella ESchooft 6. (c) If alive, give age 67 years7. Birth date of deceased (mo., day, yr.) Dec 17, 18708. AGE: Years 75 Months Days If less than one day  
hrs. min.9. Birthplace Germany  
(Town, county, and state)10. Usual occupation Soldier

11. Industry or business

12. Name Unknown13. Birthplace Germany14. Maiden name Unknown15. Birthplace Germany16. Informant Mrs Stella E SchooftAddress Mt Airy, Maryland17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 28, 1946  
(month) (day) (year)Cemetery or crematory Arlington NatlLocation Virginia18. Funeral director Dr. W. Chambers CoAddress 517-11<sup>th</sup> St. S.E. D.C.19. Feb 24 19 46 Clarence A. Puchler  
(Date Rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 19 46, at 109 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 3 19 45, to Feb 24 19 46and that I last saw him alive on Feb 24 19 46Immediate cause of death Coronary Occlusion

DURATION

Due to Chronic Myocarditis 12 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. M. Van PooleAddress Mt Airy Md M. D. or otherDate signed 2/24/46

REC-1

FEB 26 1946

BUREAU V. E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (239)

## CERTIFICATE OF DEATH

Reg. Dist. No. 01622 134

## 1. PLACE OF DEATH:

County..... Fredrick  
 City or town..... Rural, Emmitsburg, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 22 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Fredrick  
 City or town..... Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Emmitsburg, R.D.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Walter Edgar Shorb

## 3. (b) Social Security Number

215- 14- 1064

4. Sex..... m  
 5. Color or race..... white  
 6.(a) Single, married, widowed, or divorced..... married  
 6.(b) Name of husband or wife..... Caroline Rebecca Hoffman  
 6.(c) If alive, give age..... 51 years  
 7. Birth date of deceased (mo., day, yr.)..... Sept 29, 1893  
 8. AGE: Years..... 52 Months..... 4 Days..... 25 If less than one day..... hrs. .... min.

9. Birthplace..... Fredrick Co., Md.  
 (Town, county, and estate)  
 10. Usual occupation..... Laborer

## 11. Industry or business

FATHER  
 12. Name..... Joseph L. Shorb  
 13. Birthplace..... Fredrick Co., Md.  
 MOTHER  
 14. Maiden name..... Mary J. Butt  
 15. Birthplace..... Fredrick Co., Md.

16. Informant..... Joseph M. Shorb  
 Address..... Emmitsburg, Md.  
 17. Burial..... Feb 27, 1946  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory..... St Anthony Shrine  
 Location..... Emmitsburg, Md.

18. Funeral director..... V. L. Allison  
 Address..... Emmitsburg, Md.

19. Date rec'd by registrar..... Feb 25, 46  
 Registrar..... M. F. Shuff

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 22, 1946..... 19 46, at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18, 1946 to Feb 22, 1946 and that I last saw him alive on Feb 24, 1946

Immediate cause of death..... Coronary hemorrhage..... DURATION.....

Due to..... Hypertension.....

Due to.....

Other conditions..... Heart disease.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Morris W. Bieby, M.D...... M. D. or other.....

Address..... Thurmont, Md...... Date signed..... 2/24/46

RECEIVED  
MAR 2 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-B

## CERTIFICATE OF DEATH

01623

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 1/2 Years

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 208 East Seventh Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

RICHARD SIMPSON

## 3. (b) Social Security Number

236-03-0599

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced.

Married6. (b) Name of husband or wife. Hazel Wolfe Simpson8. (c) If alive, give age 33 years

## 7. Birth date of

deceased (mo., day, yr.) March 15, 1913

## 8. AGE:

Years

Months

Days

If less than one day

321021

hrs.

min.

8. Birthplace Mount Airy, Maryland

(Town, county, and state)

10. Usual occupation Polisher at Everedy Company

## 11. Industry or business

12. Name John Henry Simpson13. Birthplace Frederick, Maryland14. Maiden name Lelia Trayer15. Birthplace New Market, Maryland18. Informant Hazel Wolfe SimpsonAddress 208 East Seventh Street17. Burial Date thereof Feb. 8, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress 8 East Patrick St., Frederick, Md.19. 6 Feb 19 46 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 19 46 at 1:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7:30 to 1:55 and that I last saw him Feb 5 19 46

Immediate cause of death

Pheno-barbital poisoning

DURATION

4 daysDue to  
hypostatic pneumonia2 day

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Feb 5 46Where did injury occur? Frederick, Frederick, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Phenobarbital Injured at work? no23. SIGNATURE R. G. Simpson M. D. or otherAddress Frederick, Md. Date signed 2-13-46

100-100000

RECEIVED BY THE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

RECEIVED  
FEB 14 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

01624

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brownsville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 da

Hospital, institution, or street address where death occurred:

Schmuffen HospitalHow long in hospital or institution? 1 da

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick

City or town \_\_\_\_\_

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James Franklin Smith

## 3. (b) Social Security Number

4. Sex Male5. Color or race White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Oct. 13 1946

8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 0 Months 0 Days 0 If less than one day 9 hrs. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

## 11. Industry or business

12. Name Joseph F. Smith13. Birthplace North Carolina14. Maiden name Elizabeth Mae Lucas15. Birthplace Stanley Virginia16. Informant Mrs. Lee LucasAddress Brownsville Md17. Burial Date thereof Oct. 15 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BrethrenLocation Brownsville Md.18. Funeral director C. H. Foster & BrosAddress Brownsville Md.19. Feb 15 1946 Eugenia K. Bush  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 13 1946, at 10 P M21. CERTIFY that death occurred on the date above stated; that it attended deceased from Feb 13 1946 to Feb 13 1946 and that I last saw him alive on Feb 13 1946Immediate cause of death ExhaustionDue to Pneumonia 7 months

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Eugenia K. Bush M.D. or otherAddress Brownsville Md Date signed Feb 14 46

RECEIVED

FEB 19 1946

BUREAU V. E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of approximate age is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-2

01625

FILM No. I O 1 MAR 13 1946

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County.....  
 City and town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... County.....  
 City and town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....

### 3. (a) FULL NAME

Anna Elizabeth Sparks

### 3. (b) Social Security Number

None

#### 4. Sex

F

#### 5. Color or race

W

#### 6. (a) Single, married, widowed, or divorced

Single

#### 6. (b) Name of husband or wife

6. (c) If alive, give age..... years

#### 7. Birth date of deceased (mo., day, yr.)

Mont Know

#### 8. AGE:

Years

Months

Days

If less than one day

Approx. 70

..... hrs. .... min.

#### 8. Birthplace

New London - Maryland  
 (Town, county, and state)

#### 10. Usual occupation

domestic

#### 11. Industry or business

#### FATHER

#### 12. Name

John Sparks

#### 13. Birthplace

Frederick Co. Md.

#### MOTHER

#### 14. Maiden name

Mary Ann ? Sparks

#### 15. Birthplace

Frederick Co. Md.

#### 16. Informant

Records Montevue Home

#### Address

Nest of Frederick - Md.

#### 17. Burial

(Burial, cremation, or removal of body)

#### Date thereof

3-2-1946  
 (month) (day) (year)

#### Cemetery or crematory

Mt. Olivet

#### Location

Frederick - Md.

#### 18. Funeral director

O. E. Clue and Son

#### Address

Frederick - Maryland

#### 19. 1-March

(Date rec'd by registrar)

1946

Elizabeth H. Heck  
 Registrar

### MEDICAL CERTIFICATION

#### 20. DATE OF DEATH

February 27 1946 at 9:50 P. M.

#### 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to Feb. 26 1946  
 and that I last saw her alive on Feb. 26 1946

#### Immediate cause of death

Carcinoma cervix

#### DURATION

6 months

#### Due to

#### Due to

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

Date of op.

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

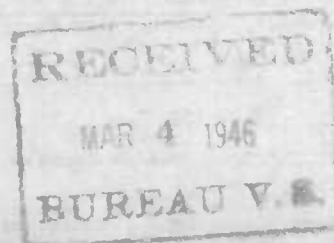
Means of injury

Injured at work?

#### 23. SIGNATURE

Bernard Thomas J. M.D.  
 Fred'k. Md.  
 Date signed March 1, 1946





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 146-20

## CERTIFICATE OF DEATH

01626

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 1 day

## 3. (a) FULL NAME

Helen Irene Stevens

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Geo. Norman Stevens

7. Birth date of

deceased (mo., day, yr.)

Mar. 25, 19026. (c) If alive, give age 48 years

8. AGE:

Years

Months

Days

If less than one day

431023

hrs.

min.

9. Birthplace

Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own home

12. Name

Chas. E. Joy

13. Birthplace

Frederick Co. Md.

14. Maiden name

Mary E. Hark

15. Birthplace

Frederick Co. Md.

16. Informant

Geo. Norman Stevens

Address

Frederick Md. Route 1.

17.

Burial  
(Burial, cremation, or removal. Why?)

Date thereof

Feb. 21, 1946  
(month) (day) (year)

Cemetery or crematory

Fairmount

Location

Liberty town Md.

18. Funeral director

Reuben H. Hartzler

Address

2 Woodsbrow Md.

19.

19 Feb 1946  
(Date rec'd by registrar)

1946

Elizabeth Heck  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

near Liberty town  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

Frederick 7340 1.  
(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 18

19

46 at 8:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 17

19

46 to Feb. 18

19

and that I last saw him alive on

Feb. 18

19

Immediate cause of death

hemorrhage

DURATION

1 1/2 hrs

Due to

rolling delivery

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. B. Thomas

M. D. or other

Address

Frederick Md.

Date signed

2/19/46

01658

WASHINGTON 25 - DEPARTMENT OF JUSTICE

CRIMINAL CASE NO. 10000

RECEIVED  
FEB 21 1946  
BUREAU OF PROSECUTION

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 756

## CERTIFICATE OF DEATH

01627

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

340 West Patrick Street

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Frederick County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 340 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

### 3. (a) FULL NAME

ALBERT WASHINGTON STOCKMAN

### 3. (b) Social Security Number

217-12-1246

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Nellie Kline

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) August 14, 1898

8. AGE: Years 47 Months 6 Days 13 If less than one day  
.....hrs. ....min.

9. Birthplace Mt. Philip-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Clerk

### 11. Industry or business

12. Name William M. Stockman

13. Birthplace Frederick County Maryland

14. Maiden name Sarah Ada Fisher

15. Birthplace Frederick County Maryland

16. Informant Mrs. Nellie K. Stockman

Address 340 W. Patrick St., Frederick, Md.

17. Burial Date thereof 3/1/36

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 28 Feb 19 46 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH February 27, 1946 at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1, 1945 to Feb 27, 1946  
and that I last saw him alive on Feb. 26, 1946

Immediate cause of death Ventricular fibrillation  
Due to Rheumatic Cardio-vascular Disease

### DURATION

2 minutes

20 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-28-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 1 1946  
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

## CERTIFICATE OF DEATH

01628

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 70 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war No

## 3. (a) FULL NAME

George Paul Stouter

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married6.(b) Name of husband or wife Eathan Harriet Stouter8.(c) If alive, give age 60 years7. Birth date of deceased (mo., day, yr.) November 7, 18758. AGE: Years 70 Months 2 Days 24 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick County, Maryland  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Michael Stouter13. Birthplace Frederick County, Maryland14. Maiden name Sara Baker15. Birthplace Adams County, Pennsylvania16. Informant Mrs. Joanna EplerAddress Emmitsburg, Maryland17. Burial Date hereof Feb. 5, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Anthony's Shrine CemeteryLocation Emmitsburg, Maryland18. Funeral director J. L. AllisonAddress Emmitsburg, Maryland19. Feb 4 46 W. L. Shuff  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1946 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1941 19 Feb 1 19 46  
and that I last saw him alive on Feb 1 19 46

Immediate cause of death

Anaemia

DURATION

1 weekDue to Chronic nephritis 20 years

Due to \_\_\_\_\_

Other conditions Prostatic hypertrophy - 4 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. R. Cadle MD M. D. or otherAddress Emmitsburg, Md Date signed 2-4-46

RECEIVED

FEB 7 1946

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

01629

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County... Frederick

City or town... Rural Emmitsburg, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No... Emmitsburg, Md. R.D.  
(If rural, give LOCATION)

2(a) If veteran, name war... no

## 3. (a) FULL NAME

Mary Lolia Taney

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) August 25, 1859

8. AGE: Years Months Days If less than one day

86 5 21 hrs. min.

9. Birthplace... Emmitsburg, Md.  
(Town, county, and state)

10. Usual occupation... Housekeeper

11. Industry or business

12. Name... Edward S. Taney

13. Birthplace... Emmitsburg, Md.

14. Maiden name... Clara E. McBride

15. Birthplace... Boonsboro, Washington Co. Md.

16. Informant... Alice L. Taney

Address... Emmitsburg, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 20, 1946

(month) (day) (year)

Cemetery or crematory... St. Joseph's Cemetery

Location... Emmitsburg, Maryland

18. Funeral director... A. L. Allison

Address... Emmitsburg, Maryland

19. Feb 18, 1946 M. F. Shuff

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb. 16 1946 at 11:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 16 1946 to Feb. 16 1946

and that I last saw her alive on Dec. 15 1940

Immediate cause of death

Heart disease

Coronary occlusion

## DURATION

Sudden

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... James H. Gray M.D.

Address... Shermont, Md. M. D. or other

Date signed 2/17/46

RECEIVED

FEB 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #3  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Frederick

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ELMER EUGENE THOMAS, SR.

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Maude Roderick6. (c) If alive, give age 61 years7. Birth date of deceased (mo., day, yr.) July 4, 1880

## 8. AGE:

Years

Months

Days

If less than one day

6579

.....hrs. ....min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name John Franklin Thomas13. Birthplace Frederick County Maryland14. Maiden name Mary Ellen Zimmerman15. Birthplace Frederick County Maryland16. Informant Mrs. Maude R. ThomasAddress Frederick, Md. R. F. D. #317. Burial Date thereof 2/16/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13 Feb 1946 Elizabeth G. Hecks  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1946 at 6:15P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15th, 1946 to Feb. 13th, 1946 and that I last saw him alive on February 13th, 1946

Immediate cause of death

Chronic endocarditis

DURATION

2 yrs.

Due to

Cardio vascular disease6 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley

M. D.

Address Frederick, Maryland Date signed 2-14-46

FEB 16 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 892

## CERTIFICATE OF DEATH

01631

Reg. Diat. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary May Toms

## 3. (b) Social Security Number

no4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Arch L. Toms7. Birth date of deceased (mo., day, yr.) May 3, 1873 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 72 Months 9 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Middletown, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation House wife

## 11. Industry or business

12. Name Simon Snurr13. Birthplace Middletown, Md.14. Maiden name Ella Dunkle15. Birthplace Middletown, Md.16. Informant Homer TomsAddress Middletown, Md.17. Burial Date thereof February 6, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Cladhill Co.Address Middletown, Md.19. Feb 6 19 46 Main Cladhill  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 19 46 at 7:40 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 19 46 to Feb 3 19 46  
and that I last saw him alive on Feb 3 19 46

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage DURATION 4 daysDue to Cerebral Arteriosclerosis 1 yr.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur home \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. E. Harp M. D. or other \_\_\_\_\_Address Middletown Date signed Feb 4-46

RECEIVED

FEB 26 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age  
& year of birth of deceased  
is shown on  
FILM No. I O 1 MAR 13 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2-2)

## CERTIFICATE OF DEATH

01632

★ Reg. Dist. No. 138

1. PLACE OF DEATH: *Frederick*  
County.....  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? *all his life*  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State *Maryland* County *Frederick*  
City or town.....  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
*Dudley Walker Weast.*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *married*  
6. (b) Name of husband or wife.....  
6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) *May 18, 1881* 1883  
8. AGE: Years *62* Months *63* Days *8* If less than one day  
..... hrs. .... min.

9. Birthplace *Monrovia Frederick Md.*  
(Town, county, and state)  
10. Usual occupation *clerk grocery store.*  
11. Industry or business

12. Name *Hiram Weast*  
13. Birthplace *Maryland.*  
14. Maiden name *Eleanor J. Walker.*  
15. Birthplace *Maryland.*

16. Informant *Eleanor J. Walker Weast Mother*  
Address *Monrovia Md.*

17. *Burial* Date thereof *2/13/1946*  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory *pleasant Hill*  
Location *Near Monrovia*  
*W. E. Falconer.*

18. Funeral director *W. E. Falconer.*  
Address *New Market Md.*  
19. *Feb 12* 1946 *Lucian K. Falconer*  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *February 10* 1946 at *10 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
*Jan 2* 1946 to *Feb 10* 1946  
and that I last saw him alive on *Feb 8* 1946

Immediate cause of death *Cerebral hemorrhage* DURATION *4 days*

Due to *arteria sclerosis* *10 yrs.*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE *Ernest P. Roop, Md.* M.D. or other  
Address *New Market Md.* Date signed *2-12-46*



RECEIVED

MAR 7 1946

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

## CERTIFICATE OF DEATH

01633

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8/16/1864

8. AGE:

Years

Months

Days

If less than one day

8179

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

house work

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal of body)

Date thereof

Feb. 27, 1946  
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. 26 Feb

(Date rec'd by registrar)

1946

Elizabeth G. Heck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

February 25, 1946 at 4:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 24, 1946 to Feb. 25, 1946

and that I last saw him alive on

Feb. 25, 1946

Immediate cause of death

Intestinal ObstructionProbably due to cancer of sigmoidDue to UNKNOWN

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations No operation

Date of op.

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna

M. P.

228 N. Market St. Fredk. Md.

M. D. or other

Address

Date signed Feb. 25, 1946

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 1 1946

BUREAU U.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 852

01634

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

## 1. PLACE OF DEATH:

County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)

2(a) If veteran, gave war.....

## 3. (a) FULL NAME

Daniel J. Young.

## 3. (b) Social Security Number

4. Sex.....  
 5. Color or race.....  
 6. (a) Single, married, widowed, or divorced.....

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....

8. AGE: Years..... Months..... Days.....  
 If less than one day..... hrs. .... min.

9. Birthplace.....

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or other?).....

Date thereof.....

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. Mar. 2 1946.....

(Date rec'd by registrar).....

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... at.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw him alive on.....

Immediate cause of death.....

DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?.....

(City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Address.....

Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 838

## CERTIFICATE OF DEATH

01635

★ Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....9 yrs.  
 Hospital, institution, or street address where death occurred.....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....md County.....Frederick  
 City or town.....Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
Albert Dorsey Zimmerman

3. (b) Social Security Number

4. Sex.....M 5. Color or race.....W 6. (a) Single, married, widowed, or divorced.....Widowed

8. (b) Name of husband or wife.....Bertie Smith

7. Birth date of deceased (mo., day, yr.).....March 16, 1869 6. (c) If alive, give age.....years

8. AGE: Years.....76 Months.....11 Days.....4 If less than one day.....hrs. ....min.

9. Birthplace.....Frederick co., Md.  
 (Town, county, and state)

10. Usual occupation.....Farmer

11. Industry or business.....

FATHER 12. Name.....John David Zimmerman

13. Birthplace.....Frederick Co.

MOTHER 14. Maiden name.....Martha E. Valentine

15. Birthplace.....Frederick Co.

18. Informant.....Glen Zimmerman

Address.....Walkersville

17. Burial (Burial, cremation, or removal, which?) Date thereof.....Feb. 22, 1946  
 (month) (day) (year)

Cemetery or crematory.....Glade Cemetery

Location.....Walkersville

18. Funeral director.....J. C. Barton

Address.....Walkersville, Md.

19. 21-Feb 1946 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Feb 18 20 1946, at.....6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....June 1 1945 to.....Feb 18 1946  
 and that I last saw him alive on.....Feb 15 1946

Immediate cause of death.....Cerebral thrombosis DURATION.....3 Dg

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....None Date of op. ....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....H. J. Thacker M. D. or other

Address.....Frederick Md Date signed.....2/21/46

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. CAUSE OF DEATH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF BIRTH

10. DATE OF BIRTH

11. MARITAL STATUS

12. EDUCATION

13. RELIGION

14. RACE

15. COLOR

16. HEIGHT

17. WEIGHT

18. BUILD

19. COMPLEXION

20. HAIR

21. EYES

22. MOUTH

23. NOSE

24. EARS

25. TEETH

26. SKIN

27. BONES

28. MUSCLES

29. NERVES

30. BLOOD

31. URINE

32. FECES

33. SWEAT

34. SALIVA

35. TISSUES

36. CELLS

37. MOLECULES

38. ATOMS

39. PARTICLES

40. QUANTA

RECEIVED  
FEB 23 1946  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

Home For The AgedHow long in hospital or institution? 6 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 Reed St  
(If rural, give LOCATION)2.(a) If veteran, name war none

## 3. (a) FULL NAME

Katie L. Zimmerman

## 3. (b) Social Security Number

none

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female white single6.(b) Name of husband or wife none

7. Birth date of

deceased (mo., day, yr.)

April 6 18706.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

75104

hrs.

min.

9. Birthplace

Frederick Co., Md  
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Horace Zimmerman

13. Birthplace

Frederick Co

MOTHER

14. Maiden name

Mary Catherine Albough

15. Birthplace

Frederick Co

16. Informant

Mrs. Robert Talapp Sr.

Address

Frederick, Md

17. Burial

(Burial, cremation, or removal, whether)

Date thereof

2/12/46  
(month) (day) (year)

Cemetery or crematory

Mt Olivet

Location

Frederick Md

18. Funeral director

Harry E. Canty Co

Address

Frederick, Md.

19. Feb

(Date rec'd by registrar)

19. 46

Elizabeth B. Heck

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH February 10th, 19. 46 at 4:40 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 3d, 19. 46 to February 10 19. 46and that I last saw her alive on February 10th, 19. 46

Immediate cause of death

Cerebral hemorrhage

DURATION

2/3/46Due to Senile dementia2 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. ConleyC. H. Conley

M. D. or D.O.

Address Frederick, Md.Date signed 2/11/46

RECEIVED  
FEB 12 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 016831

## 1. PLACE OF DEATH:

County... FrederickCity or town... Walkersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... FrederickCity or town... Walkersville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Roy Calvin Zimmerman

## 3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Helen A. Beachley6. (c) If alive, give age 41 years7. Birth date of deceased (mo., day, yr.) July 8 - 18898. AGE: Years 56 Months 7 Days 2 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace... Frederick co, md  
(Town, county, and state)10. Usual occupation... Store buyer Grocer

11. Industry or business \_\_\_\_\_

12. Name... Geo. Willie Zimmerman13. Birthplace... Frederick co md14. Maiden name... Rebecca Rhoades15. Birthplace... Frederick co md16. Informant... Mrs. Helen ZimmermanAddress... Walkersville md17. Burial Date thereof... Feb 13 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... GladeLocation... near Walkersville18. Funeral director... E. C. BartonAddress... Walkersville md19. 12 Feb 1946 Elizabeth G. Hecker  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb 10 1946 at 12:15 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1944 to Feb 10 1946and that I last saw him alive on Feb 10 1946Immediate cause of death Cerebral Hemorrhage

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Ed E. Stodary M. D. or other \_\_\_\_\_Address... Dothensville, Md Date signed Feb 12, 46

RECEIVED

FEB 14 1946

BUREAU V.S.